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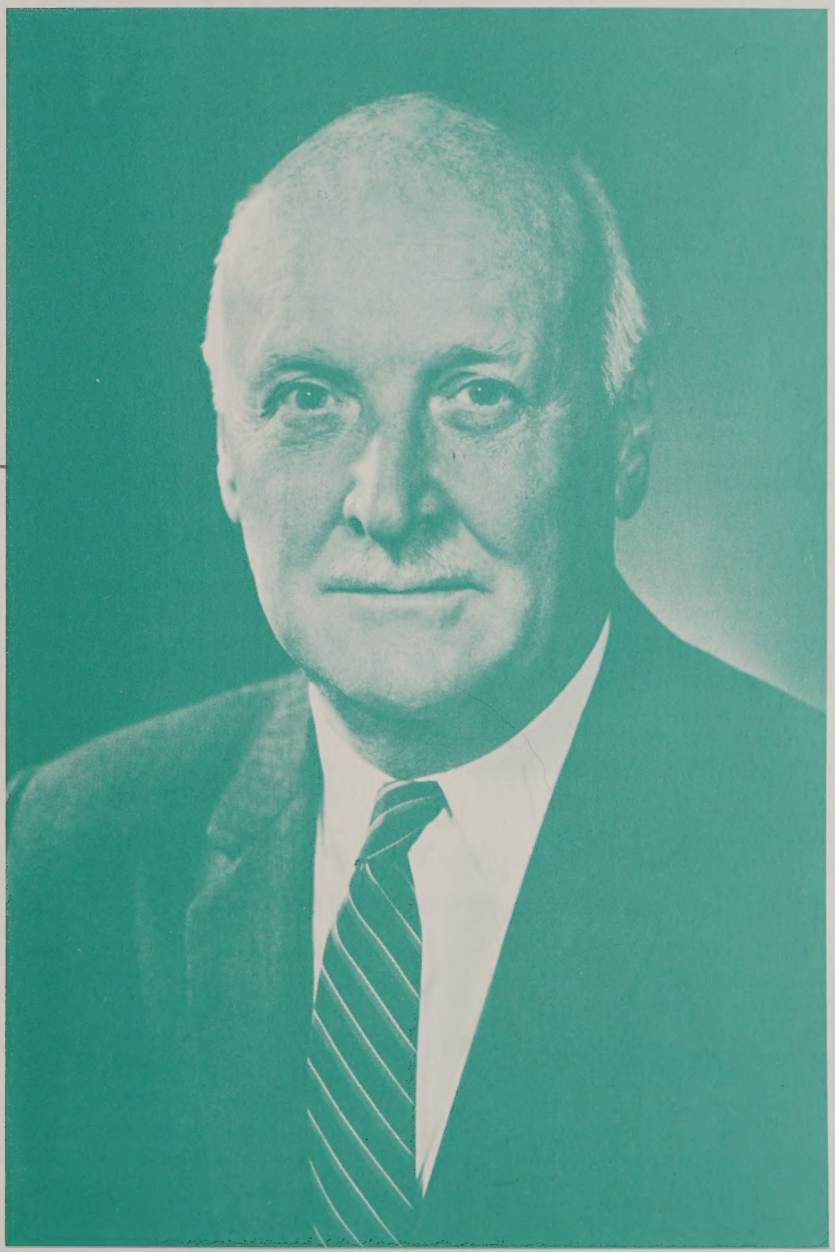
SEPTEMBER 1969



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A bulletin for
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Medical Society

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. R. Chapin, M.D.

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A MESSAGE TO HAMPDEN DISTRICT MEDICAL SOCIETY

from GERALD D. DORMAN, M.D.
President, American Medical Association

IT'S UP TO US

As physicians, we are heir to myriad pleasures and problems. It seems to me that foremost among those pleasures are the satisfaction we receive from our work, and the honor and respect in which we are held by our fellow men.

Among the many problems facing us, the one to which I would assign the greatest importance, is the quality of medical care.

Certainly there are many other problems—methods of delivering care, organization of its providers, financing, and facilities. Solutions to these won't mean much if the quality of care is not good.

As a profession, we have always believed that the only people really qualified to judge the competence of a physician are other physicians. Unfortunately we have not always accepted that responsibility and obligation. It is my belief that peer review is important not only to insure scientific excellence, but also to assure proper utilization of facilities, and to regulate charges made by physicians.

We have been warned—and I warn my profession once more—that if physicians fail to check themselves and their colleagues and establish standards, others will do the job for us.

If this is the case, we probably will have nothing to say about the criteria which might be set, or how realistic they might be.

Therefore, individual physicians and medical societies must set and meet stricter requirements of competence. We must establish common-sense safety programs with respect to medical equipment. We must form watchdog committees that will not hesitate to limit or remove the hospital privileges of careless or incompetent physicians.

We must maintain closer scrutiny over those who work with us in health care. We must insist that our colleagues keep abreast of medical advances through continuing education. And we must make sure that no physician attempts a procedure for which he is not fully qualified, and that physicians consult with experts when such consultation appears necessary.

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Closely allied with the problem of quality health care is the cost of health care. In this area, I am particularly concerned with the small number of physicians who are cheating on government financing programs. These physicians have created a national scandal by giving poor service, by overcharging, by charging for services not given, and by other questionable activities.

It is my belief that we must make it perfectly clear to our profession, and to the public, that earning a substantial amount of money from government health programs is not, by itself, evidence of chicanery.

But it is our responsibility to take the lead in rooting out and condemning the few who are cheating. The AMA and several local and state medical societies already have recommended dropping from the Medicaid program any physician who gives inadequate care, who overcharges or who charges for care not given. And we have recommended that cheaters be prosecuted whenever appropriate.

I repeat, it is up to us to police our own ranks, rather than let George do it—because George may turn out to be someone wholly unqualified and wholly unrealistic in his outlook.

Gerald D. Dorman M.D.

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AMA
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Delegates to an AMA convention have never been busier than they were at the 118th Annual Convention in New York, July 13 through 17. Business presented to the House included 59 reports from the Board of Trustees; the Executive Vice President; and standing and special committees; and 137 resolutions. Of the 59 reports, the House adopted 30; adopted and referred 1; amended and adopted 5; approved 17; and accepted 2 for information. Four required no House action. Of the 137 resolutions, 17 were adopted; 28 were adopted as amended or a substitute was adopted; 30 were referred, with or without amendment; 44 were combined with one or more other resolutions before action was taken, 1 was partially adopted and partially referred; 15 were rejected and 2 were withdrawn.

OPENING CEREMONIES

Tradition seems to be in the making; for the second straight year, opening-day ceremonies have been interrupted by representatives of dissident physicians and medical students. Some 30 to 40 demonstrators claiming to be representatives of the Student Health Organizations, the Medical Committee for Human Rights, the Movement for a Democratic Society, the Health Policy Advisory Center, the Rockefeller University Committee for a Democratic Society, etc. seized the podium and demanded the right to address the House of Delegates. The group's spokesman began by declaring the meeting "illegitimate, null and void," went on to accuse the delegates of being "criminals," and ended by burning, purportedly, his AMA membership card. Moreover, this same spokesman made a "non-negotiable demand" to speak for 10 minutes during the inaugural ceremony (prime television time) but was flatly refused by the Reference Committee on Rules and Order of Business.

Many suggestions were made to prevent such interruptions in the future, but no action was taken except to refer same to the Board of Trustees with an intimation that the best long range strategy might be to "roll with the punches."

ADDRESSES

The theme of Vice President Spiro T. Agnew's speech was pollution. "While enlightened man refuses to accept disease, he tolerates the erosion of his environment. Intelligent Americans who will not live in unpleasant surroundings among hostile people, endure with bland indifference mildly poisoned air, polluted waters and noise just below the pitch of madness. A nation capable of catapulting men to the moon is in mortal danger of devouring its irreplaceable, life-sustaining elements." He described a number of anti-pollution programs being undertaken or planned by the federal government, in cooperation with the states and the private sector, and emphasized that "private professional organizations like the AMA will have a role to play in encouraging environmental improvement. Your increasing voluntary participation at the state and local level can result in greater public support to enlarged programs." He ended by saying: "We feel we act upon a mandate as fundamental as the problem itself. It's the first mandate of humanity: the right to survive."

Dr. Roger O. Egeberg, Assistant Secretary of HEW for Health and Scientific Affairs, talked about the rising cost of health care, advances in medical science and the fact that physicians are working long, hard hours. "However," he said, "I don't want to sound soft on doctors. I don't want to sound soft on organized medicine. I do feel that there has been a principle that has been ignored perhaps more by organized medicine than it should be. And it comes, I think, from the ethics of Hippocrates, who preached that you should take care of those who came to you; those within your purview." "I would think that it is probably a very good ethic to follow. But we have to add something to it. And that is the ethic that as a group we must look around. We must see that there are people not in front of us who need help." "The poor live utterly differently from us. But we have created a distribution of medical care in a way that suits us and suits the middle class." "Now, in order to reach (the poor), we've got to find new ways of distributing medical care."

After some elaboration on those points, he closed by saying: "I would hope that the government will be able to cooperate with the people who are delivering the medical care; will take them into confidence; will discuss the solution of the problems. Because we have come to a crisis. We have to solve it. The more heads we can get at it, the more feeling of 'this is our problem' will exist. And if we can feel that it is our problem, rather than 'theirs', I think we can solve it."

In his report to the opening session of the House, President Wilbur said that physicians must have clinical sense, social sense and common sense. Under clinical sense, he predicted that the greatest scientific advances will be in three areas: "Understanding and perhaps partial control of degenerative diseases; a substantial gain in knowledge and control of psychiatric disorders; and the control of reproduction, with better human and medical understanding of contraception, abortion, population control and control of those genetic characteristics to be most valued by humanity." Under social sense, he asked: "Will we ever see a lessening of public interest in medicine and health? Will voluntary health agencies, social and welfare groups, planning bodies in the health field and public health groups lessen their great and growing interest in the development and application of knowledge in health or in medicine? Today, and even more in the future, health and medicine are not matters just for physicians and patients. They are matters of total public concern." In this part of his talk, he discussed the removal of barriers to medical care and the need for more ambulatory care of patients, emphasizing the potential value of community health centers. In the final section, he pointed out that "tempering our clinical sense with a social sense is good common sense. It will be so recognized by the public." "Changes in medicine and medical care," he said, "will best be made by evolutionary rather than revolutionary and disruptive change, aside from the rare, great discovery or invention in medical science." He concluded with these words: "We can meet the health needs of the American people but we cannot meet them alone. While our knowledge of health may be unique and indispensable, our desire to serve all of society is matched by many of its other elements. We must lead, but our leadership must continually be earned. It cannot be assumed."

After taking the oath of office as the 124th President of the AMA, Gerald D. Dorman listed three goals "which our House of Delegates has accepted on the road to our main

objective, the best possible health care to all our patients who need it." "One, a constantly advancing health care system in America. Two, a widespread respect for the leadership, and a widespread recognition of the contributions of the medical profession. And three, enhanced functioning of the medical profession." The first goal, he said, must be "based on incentives and freedom of opportunity. Incentives are needed for people to stay healthy, for physicians, hospitals and allied professionals to increase care and hold down costs." As to the second, he said: "We know that it is in the best interests of the nation's people that physicians maintain and strengthen their leadership in all matters pertaining to health care. To do so, however, we must perform at a height beyond any level achieved before." "We must, besides earning the position of leadership, be worthy of the respect that goes with it. The profession must be above all suspicion. This means that we must maintain a visible sincerity and dedication in our profession." About the third, "I would mention enhancement of the functioning of the medical profession by more effective communication within the profession, with the allied health professions, with influential groups of our citizenry, educators, clergy, business men, labor, lawyers, civic leaders and leaders of government on all levels." He concluded by stating that "the problems that exist in medical and health care for the people of our nation will not be solved overnight. Nor will they be solved in a month or a year. But solutions—at least, proposals and experiments to find solutions—will be forthcoming."

Dr. Dorman's first report to the House, as distributed for delegates to read at their leisure because of the volume of business and the shortage of time, pointed out that the physician has distinct advantages in the satisfaction he gets from his profession, and the honor in which he is held by other people. He also pointed out that as the penalty of professionalism, "we must willingly accept not only the respect it brings us, but also the obligation to be deeply and actively concerned with every facet of health and health care. There is no aspect of health, direct or remote, that is not our responsibility, in whole or in part." He then listed problems and showed what the AMA is doing about them now and suggested other things that might be done. Included were quality of medical care; physicians who cheat on government financing programs; providing care for the poor; sex education; maternal and child care; and methods of delivering medical and health care. All of those problems, "as health matters, require action. All of them, as health problems, demand solutions. I am confident the solutions will come—and that they will come principally through the deliberations and the programs of the American Medical Association and all of the medical profession and its allies. We cannot delay. We must meet the demanding obligations which are the penalty of our leadership in medical and health care."

HOUSE ACTIONS

AMA Membership for Osteopaths

In response to a House directive at the Clinical Convention, 1968, that qualified osteopaths be admitted to full active membership in the AMA, the House amended the first paragraph of Chapter I, Section I of the Bylaws as follows:

(A) Regular Members – Regular membership shall be limited to those members of a state medical association who hold the degree of Doctor of Medicine or Bachelor of Medicine, or who hold an unrestricted

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Memo

To: Hampden's Physicians

Subject: Our Home Health Program

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David J. Panaia

David Panaia
President

license to practice medicine and surgery, and are entitled to exercise the rights of membership in their state medical associations, including the right to vote and hold office, as determined by their state medical associations.

Scientific Sections

The Ad Hoc Committee to Study the Modus Operandi of the Scientific Sections reported its belief, which the House adopted, that the AMA can achieve greater unity within the medical profession and further strengthen its scientific program by inviting the national medical specialty societies to play a more active and responsible role and giving those societies a privilege of participating in the selection of section delegates in the AMA House and other section officers.

The scientific assembly will be divided into various specialty sections, and AMA Bylaws are to be rewritten to effect these changes, amongst others:

(1) Each section will establish a section council. After the 1970 Clinical Convention, medical specialty societies will be invited to help form section councils.

(2) Membership of the section councils "shall be selected by the national specialty societies listed in the American Medical Directory ap-

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portioned on the basis of the number of AMA members belonging to each specialty society and one member to be elected by the scientific section from the section membership."

(3) At the 1971 Annual Convention, establishment of AMA section councils will be reported to each specialty section. The councils become effective January 1, 1972.

(4) All section councils will be under the direction of the Board of Trustees and will be governed by rules established by the Board and approved by the House.

Medicare and Medicaid

In connection with reducing medicaid costs, the House adopted a report listing four action programs of the profession: expanded peer review programs by county medical societies to reduce hospital and nursing home care and to expand ambulatory care; eradication by the profession of isolated abuses by physicians; promotion of innovative health service delivery systems for low income communities, with emphasis on ambulatory care; and programs by local medical societies to preserve quality of care in the face of cost containment measures.

On the subject of medicare fees and fee schedules, the House said: "While the AMA has not taken a specific position on the procedures relating to the development and application of physicians' fees profiles and prevailing charge screens, the actions which have been taken by the House would

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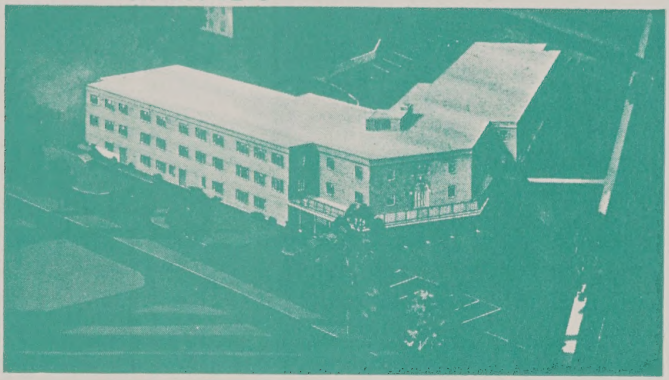

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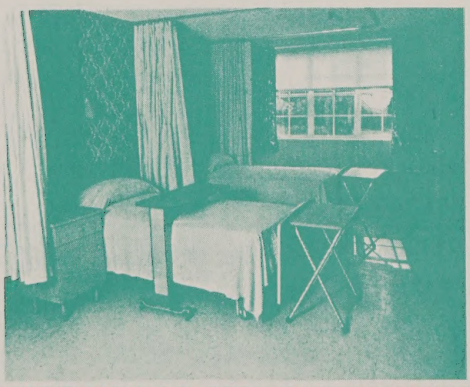

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indicate that these concepts as defined through directives of the Social Security Administration, are not consistent with policies of the American Medical Association."

The House also said that since "actions taken by DHEW to set rigid limits on levels of payments to physicians who provide services under Medicaid appear in contradiction to Congressional intent that Medicaid patients receive care on the same basis as private patients," it resolved that the AMA "urge a reassessment by Congress of its intent and priorities in relation to Title XIX."

Voluntary Health Insurance

Delegates resolved that the AMA "encourages the development of prepayment medical insurance programs in which the payment to the physician is based upon the usual, customary or reasonable fee concept" and that "any reference to 'paid-in-full' coverage clearly identify those services which are indeed covered on a 'paid-in-full' basis and also identify the circumstances under which those services must be rendered."

Peer Review

This statement was adopted by the House: "The Council on Medical Service knows of no greater challenge facing the profession today than to secure universal acceptance and application of the (peer) review concept as the most meaningful method for creating a public awareness of medicine's efforts to assure high quality of health services at a reasonable cost."

Medical Care—A Right

To make its position clear in the long-standing discussions of medical care as a right, the House resolved that it "reaffirm its position (1) that it is a basic right of every citizen to have available to him adequate health care; (2) that it is a basic right of every citizen to have a free choice of physician and institution in the obtaining of medical care; and (3) that the medical profession, using all means at its disposal, should endeavor to make good medical care available to each person."

Federal Support of Medical Schools

In a change of House policy regarding federal loans to medical students, a joint report of the Board of Trustees and the Council on Medical Education was approved which calls for an increase in financial support of medical schools by the federal government to permit a major increase in the enrollment of medical students and the production of physicians. The change was considered justified because of current fiscal conditions which make it increasingly difficult for students to obtain loans from the private sector as a result of high interest rates and a restricted supply of money for personal loans.

Health Care of the Poor

The House adopted the report of the Board of Trustees' Committee on Health Care of the Poor, which reiterated "our strong commitment toward expanding nationwide programs to improve the health of the

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poor" and stated that "the same quality of medical care should be accessible to all people." The Committee listed certain concepts that must be included in the AMA's program:

(1) Providing comprehensive health care to the poor is a desirable goal;

(2) It must be a continuing program, identifying both short-range and long-range activities;

(3) The Committe's purpose must be to implement the research that has been done on unmet needs for health services;

(4) Program must provide for participation of the poor in planning projects for their communities;

(5) Physicians should work with numerous other organizations, both in and out of the health field, that have expressed concern about improving health care of the poor. The Committee concluded by stating that it "recognizes that the problems for which it hopes to find solutions are too critical and too complex for superficial, cursory answers. It believes that dynamic action in this field must have a top priority in the AMA's activities."

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POLITICAL ACTION: DIRECT OR INDIRECT?

by Donald R. Hayes, M.D.
MMS Delegate to the AMA

A resolution which urged the separation of the duties of the field representatives of the AMA was introduced at the Annual Meeting of the AMA in July at New York and provoked considerable debate. It was presented by Dr. Donald R. Hayes as Chairman of the New England delegation and strongly supported by Connecticut and New Hampshire as well as Massachusetts.

A year ago a new Public Affairs division of the AMA was created and in this division the field representatives doubled in brass working at state and local levels for both AMPAC and the AMA. The thrust of the resolution was directed at the philosophy that the political arm of the AMA, i.e.—AMPAC, should function as a collateral arm of the AMA—as it was originally set up—and not within the internal structure of the AMA.

It should be emphasized and was so stated in the discussion, that the need for support of AMPAC was well recognized and earnestly urged. However, it was felt by the proponents of the resolution that the need for organizational work in both the AMA and AMPAC were sufficiently great to justify separate staffing. Furthermore, it was felt that the AMA would do well to concentrate on the delivery of health care and let AMPAC concentrate on the political aspects of medical legislation and political campaigns.

The discussion was spirited before the Reference Committee and there were enough thoughtful comments on both sides to make those who introduced the resolution feel it was timely and well justified.

The Reference Committee referred the resolution to the Board of Trustees for its careful consideration and the decision of the Board should be presented at the interim meeting in Denver.

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  — centrally on the brain
- well tolerated
- suitable for prolonged administration

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HIGHLIGHTS OF THE JUNE EXECUTIVE COMMITTEE MEETING

The June Executive Committee meeting was called to order by President Mozden at 8:05 P.M. on June 17, 1969. Present were Drs. Mozden, Stoler, Boivin, Collard, Kelly, Cummings, Hough, Sullivan, Moore and Mrs. Purdy.

Dr. Stoler read the minutes of the May meeting, which were accepted as read.

Dr. Ayres, Director of the Springfield Municipal Hospital, was present to ask help and advice on a special problem. For ten years the Hospital has had a house staff consisting primarily of foreign trained physicians without a full Mass. license providing physician services to patients under supervision of a visiting staff. The Hospital had set up provisions for Mass. licensed physicians to take care of the patients as private cases and collect on a fee-for-service basis from Medicare and Medicaid. Eighty nine physicians manifested interest in the program. A further explanatory letter, along with an application form, brought nineteen returns. Explorations yielded that physicians are interested in admitting their own patients, but not in taking over the patients already in the Hospital. There are 360 patients currently in the Hospital with 90% Medicare, part B coverage, and all the rest have Medicaid.

It was moved by Dr. Kelly that this matter be referred to the Interhospital and Community Health Planning Committee for study, seconded by Dr. Sullivan and adopted by the Committee.

CORRESPONDENCE

A letter was read from Dr. Lium, the Coordinator of the Mass. Regional Medical Program, asking for cooperation and suggesting that a committee be formed for heart, cancer, and stroke. The special committee known as the Interhospital and Community Health Planning Committee will serve in this capacity.

Dr. Sullivan's letter regarding difficulty in obtaining physician coverage of blood banks in Springfield was read and discussed. It was voted to refer this to the Blood Bank Committee and possibly set up a roster of physician volunteers to cover the blood banks.

Dr. Wecker has transferred his practice from Ware to Winchendon, but requested keeping his membership in Hampden. This will be referred to the Council of the MMS for approval.

The Martin Luther King Fund appealed to HDMS for funds. A letter will be sent to Mrs. Loving notifying her that the HDMS per se does not

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contribute to any fund but that the physicians could be so solicited individually.

Dr. Brennan asked to have his dues remitted for one year as he intends to study at St. Francis Hospital in Hartford. This was granted by the Committee.

Dr. Pacosa's letter was read concerning the Elementary and Secondary Education Act., Title III. The Committee voted to refer this back to the Public Health Committee with the suggestion that Dr. Pacosa chair a sub-committee to study this matter and make recommendations to the Executive Committee.

The Black Harambee Holiday Committee sent an announcement of their party to be held in August. A letter will be sent similar to the one to the Martin Luther King Fund.

OLD BUSINESS

In answer to a question originally raised by Dr. Beauchamp, Jr., as to the legality of Hampden District physicians licensed in Mass. only, caring for patients in an Enfield, Conn., nursing home, the Society has received the following interpretation of the Conn. statutes from Attorney Milstein: "A Massachusetts physician may continue to treat a patient in Connecticut for a condition for which he was originally consulted but can not treat the same patient for any new illness, disease or injury which the patient may develop or sustain in Connecticut." It was voted to publicize this ruling to the membership in the next newsletter and to notify the Malpractice and Medico-Legal Affairs Committee of this interpretation.

Dr. Ernst's revised resolution was read and discussed. It is planned to reword it and bring it back to the September HDMS meeting for approval of the membership and then to forward it to the Council of the MMS.

Dr. Gephart, Secretary of the MMS was asked about osteopaths joining the Society. A special committee in Boston is studying the necessary changes to be made in the By-laws in order to admit osteopaths as members.

The Allen photographers presented a plan for the taking of pictures of all the physicians in the HDMS. The Committee voted against the proposal at this time. The February meeting will be discussed at a later date and the annual meeting will be for business and the election of officers.

The Committee approved Dr. Mozden's choices for Alternate Public Relations Councilor—Dr. Bernard N. Gilchriest; Alternate Legislative Councilor—Dr. Joseph M. Corcoran; Alternate Mental Health Chairman—

Ernest A. Byron

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Dr. Stephen Daly; and Alternate Medico - Religious Chairman — Dr. Francis Teta.

The meeting was adjourned at 10:50 P.M.

The Grievance Committee met and heard two cases. Appropriate letters will be written.

The meeting was adjourned at 11:15 P.M.

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MANIFEST UNITY

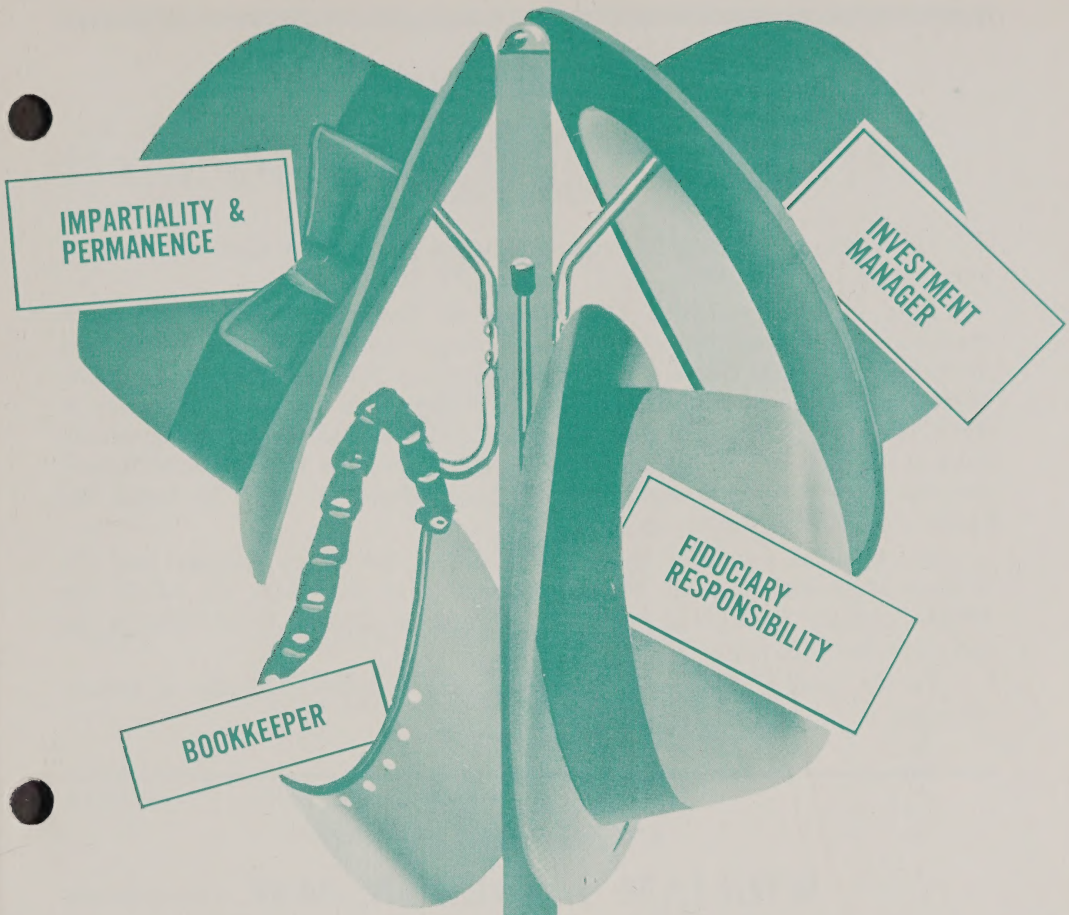
One of our serious weaknesses within the HDMS area is our continuing divisiveness amongst hospital staffs. This has improved considerably over the last fifteen years, but unity of aim and purpose is still far from being a reality. We are all in accord, I am sure, that the practice of medicine as a dedicated profession rather than as a livelihood is our main objective. We must avoid having the public feel that our private or group interests are placed above our dedication to the welfare of all the people in our community. Our efforts in community planning can only be as strong as our cooperation among ourselves in reaching decisions that effect the welfare of the community. An individual hospital staff planning community objectives in an aura of secrecy is hardly honourable or desirable.

How do we overcome the hospital jealousies and competitions which, although not unique to this area, do weaken our image and strength as a united profession here as well as elsewhere? Could we not be guided by examples being set in such communities as Denver where five metropolitan hospitals are joining forces to better serve the community with a basic philosophy which considers all physicians as one united community medical staff? There is access to all five hospitals whenever necessary for emergency management or for coverage where one doctor is covering for another, or for a type of service which may be located in but one hospital, thereby avoiding expensive duplication in another. This new approach has made it possible to eliminate two obstetrical services, and three emergency ward services. The one residency program in the area is not restricted to one hospital but utilizes facilities and patients in all the hospitals to the mutual benefit of both house officers and practicing physicians. Cooperative purchasing and utilization of beds is another by-product. Are we too provincial for such an effort?

A step in this direction could easily be accomplished by making it possible for all physicians to have at least courtesy privileges in all our hospitals. A joint credentials committee could accomplish this for all new physicians coming into our community. I should like to point out that this is already being done in some communities. Obviously an established physician, if he so desired, could continue to do the bulk of his work in one hospital thereby concentrating his clinical and educational or teaching efforts.

Let us be sincere, and let us unite! What a great and noble opportunity we have! Let us initiate constructive change rather than be forced to comply with non-medical planners! Our nation and our community have never needed our selflessness and our dedication to our profession more than they do now. Let us have our differences of opinion, but let us be unanimous in our determination to bring the best possible care to the people of this community.

Walter S. Mozden, M.D.



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IN MEMORIAM

JOSEPH ANGELICA, M.D.

1920 - 1969

Dr. Joseph Angelica of 22 Crestwood Street, Springfield, died at the Mercy Hospital on June 14, 1969.

Born in Thompsonville, Connecticut, on June 19, 1920, Dr. Angelica graduated from American International College and received his doctorate in medicine from Tufts University Medical School in 1950. After interning at the Mercy Hospital in Springfield, he went on to complete a surgical residency at the Hospital of St. Raphael, New Haven, Connecticut as well as postgraduate work at the Yale University School of Medicine, the New York Medical School, and the Cook County Postgraduate Medical School. In 1957, he began his practice of general surgery in Springfield.

Dr. Angelica served on the medical staff of the Mercy Hospital and the Wesson Memorial Hospital. He was a member of the AMA, the MMS, the HDMS, and the Springfield Academy of Medicine. During World War II, he served in the U.S. Army.

To his family, his friends, and associates deepest sympathy is hereby extended.

IN MEMORIAM

WILLIAM J. DILLON, M.D.

1891 - 1969

Dr. William J. Dillon of 162 Maple Street, Springfield, died at the Mercy Hospital on July 5, 1969.

Born in Chicopee Falls, Massachusetts, on March 19, 1891, Dr. Dillon first graduated from the Massachusetts School of Pharmacy, Boston, and then went on to graduate from the medical school of the University of Maryland in 1916. Following several years of general practice, he went on to the Postgraduate School Hospital at the University of Pennsylvania to specialize in obstetrics and gynecology. Upon completion of same, he returned to Springfield where he developed an extensive obstetrical practice which unfortunately was abruptly ended by a permanent disability resulting from a fall on ice during a 1948 storm.

Dr. Dillon served on the medical staff of the Mercy Hospital for many years and was president thereof at one time. He was a member of the AMA, the MMS, and the HDMS. During World War I, he served in the U.S. Army Medical Corps.

Deepest sympathy is hereby extended to his family and to his many friends and associates.

NEXT MEETING

OF THE

HAMPDEN DISTRICT MEDICAL SOCIETY

TIME: TUESDAY, SEPTEMBER 23, 1969
Business Meeting at 6:00 P.M. followed by
Social Hour at 7:00 P.M. and
*Dinner (Courtesy of Society) at 7:30 P.M.

PLACE: SHAKER FARMS
Westfield, Mass.

PROGRAM: COMMITTEE REPORTS
By-law amendment (see page 24)
Election of additional Councilors to the MMS
Presentation of certificates to new members
Presentation of awards to participants of *Health Fair '69*
Slide showings of *Health Fair '69*

YOUR PRESENCE IS URGENTLY REQUESTED

Bruce B. Stoler MD

BRUCE B. STOLER, M.D., *Secretary*

*If you must cancel your dinner reesrvation, please call the office before noon on September 23, 1969.

BYLAWS COMMITTEE

To comply with changes in the bylaws of the MMS as voted at the latter's Annual Meeting and to avoid financial embarrassment to the HDMS, the Bylaws Committee recommends that the present Section 4 of Chapter III, as pertains to senior membership, be deleted and the following Section 4 of Chapter III be adopted.

Senior membership shall be conferred upon Senior Fellows of the Massachusetts Medical Society who have attained age 65 prior to January 1 of the current year, who have been dues-paying members for at least five years and whose assessments have been paid or remitted. They may attend and address meetings of the Society and serve on committees. They shall have the right to vote and hold office. Such Senior Fellows are not required to pay state dues.

Senior Fellows shall be subject to the usual District Society dues. Request by a Senior Fellow for remission of dues for reason of hardship, illness, inability to attend meetings, etc. must be made in writing to the District Treasurer.

This change is to be voted upon at the September meeting of the HDMS, which will be held on September 23, 1969.

Harry N. Memery, M.D.
Chairman, Bylaws Committee

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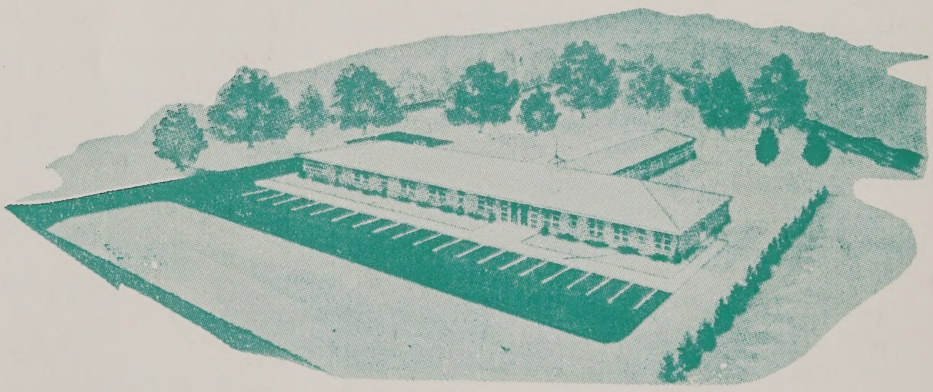

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PROGRAM – 1969 - 1970

September 9, 1969

THEODORE M. KING, M.D.
Professor and Chairman
Department of Obstetrics and Gynecology
Albany Medical College

"Current Techniques in Obstetrics and Gynecology"

CLINIC: Wesson Maternity Hospital

October 14, 1969

GABRIEL LAURY, M.D.
Clinical Instructor of Medicine
Cornell University Medical College

"Drugs—Abuse and Use"

NO CLINIC

November 10, 1969 (Monday)

JAMES M. MOSS, M.D.
Clinical Professor of Medicine
Georgetown U. School of Medicine

"Recent Advances in Diabetes"

CLINIC: Providence Hospital

December 9, 1969

MARK A. HAYES, M.D.
Professor of Surgery
Yale University School of Medicine

"Preoperative Irradiation in the Management of Carcinoma of the Rectum"

CLINIC: Wesson Memorial Hospital

January 13, 1970

SIDNEY S. GELLIS, M.D.
Pediatrician-in-Chief
New England Medical Center Hospital

"Use of Light and Drugs in the Treatment of Jaundice"

CLINIC: Springfield Hospital Medical Center

February 10, 1970

ALVAN R. FEINSTEIN, M.D.
Associate Professor of Medicine and Epidemiology
Yale University School of Medicine

"Clinical Judgment and Basic Science"

CLINIC: Providence Hospital

March 10, 1970

DANIEL D. FEDERMAN, M.D.
Associate Physician
Massachusetts General Hospital

"The Nature(s) of Sex"

CLINIC: Wesson Maternity Hospital

April 14, 1970

JOSEPH S. KRAKAUER, M.D.
Associate Director of Surgery
Maimonides Hospital of Brooklyn

"Temporary Mechanical Circulatory Assistance in Clinical Coronary Heart Disease"

CLINIC: Wesson Memorial Hospital

May 12, 1970

ANNUAL MEETING AND ELECTION OF OFFICERS
PROGRAM TO BE ANNOUNCED

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HDMS GOLF DAY

by Harry L. Roberts, M.D.
Chairman, Golf Day Committee

The seventh annual HDMS Golf Tournament was held at Wycoff Park Golf and Country Club, Holyoke, on June 4, 1969. This rather recently reconstructed course was in excellent condition, and twenty-three enjoyed its tees, fairways, rough, bunkers and greens. Twenty-four sat down to an excellent dinner.

Drs. Donald Wetherbee and Robert J. O'Brien shared top honors, each with a gross of 75. Dr. Edward Levitz was runner-up with a 76. Low net honors were shared by Drs. Kenneth McEwen, Ted Hoffman, Burt Haag and Ed. Levitz.

There should have been a greater number playing in this tournament, but there were and always will be some conflicts. Your Committee is considering a fall tournament date. An effort will be made to poll those whom we know to be interested. Any suggestions in regard thereto will be gladly referred to the Committee by the Chairman.

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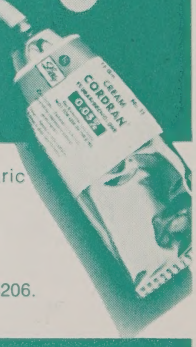

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HDMS MEETING, SEPTEMBER 23.

HDMS EXECUTIVE COMMITTEE MEETINGS, OCTOBER 21 and NOVEMBER 18.

MMS COUNCIL MEETING, BOSTON, OCTOBER 8.

AMERICAN ACADEMY OF GENERAL PRACTICE, PHILADELPHIA, SEPTEMBER 26 - OCTOBER 3.

AMERICAN COLLEGE OF SURGEONS, SAN FRANCISCO, OCTOBER 6 - 10.

AMERICAN ACADEMY OF OPHTHALMOLOGY AND OTOLARYNGOLOGY, CHICAGO, OCTOBER 12 - 17.

AMERICAN ACADEMY OF PEDIATRICS, CHICAGO, OCTOBER 18 - 23.

AMERICAN ACADEMY OF ANESTHESIOLOGISTS, SAN FRANCISCO, OCTOBER 25 - 29.

AMA CLINICAL MEETING, DENVER, NOVEMBER 30 - DECEMBER 3.

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Dr. Abrams is a candidate from Ward Six to the School Committee in Holyoke, Good luck Dr. Abrams!

Dr. Niemiro presented an original paper at the 118th annual convention of the AMA. His paper was given in the scientific section on surgery of the colon and rectum.

Dr. Platt was awarded a citation by the Massachusetts Chapter of the Arthritis Foundation.

Dr. Joseph McCarthy was elected to associate fellowship in the American Proctologic Society in Boston.

Dr. Hayes, Delegate to the American Medical Association, House of Delegates was elected to serve on the Medical Services Committee.

Dr. Dean of Holyoke and his daughter, Pat, were among the May hikers to obtain money for recreation centers in the underdeveloped areas of Holyoke.

Drs. Leo Newman and LaPierre have been certified by the American Board of Radiology.

Dr. Osterheld, Superintendent for 23 years of Monson State Hospital is retiring.

Dr. Cummings conducted a class in cardiopulmonary resuscitation for members of the Ski Patrol.

Dr. Boss, Jr. and Dr. Sheffield attended the American Gastroenterological Association meeting held in Washington, D.C.

Dr. Sheehan attended a neuroradiology symposium in New York City.

Ten members of the New England division of the American Association of Medical Society Executives met in August in the Conference Room of the HDMS. Mrs. Purdy was hostess and Mr. Getty Page, Executive Secretary of the Vermont State Medical Society, was chairman of a round table discussion.

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THE NEXT MEETING

of the

SPRINGFIELD ACADEMY OF MEDICINE

will be held on

Tuesday, October 14, 1969 at 8:30 P.M.

SPEAKER: Gabriel Laury, M.D.
Clinical Instructor of Medicine
Cornell University Medical College

TOPIC: "Drugs—Abuse and Use"

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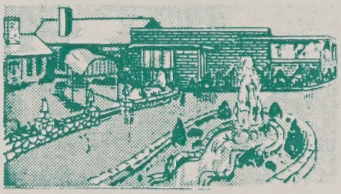

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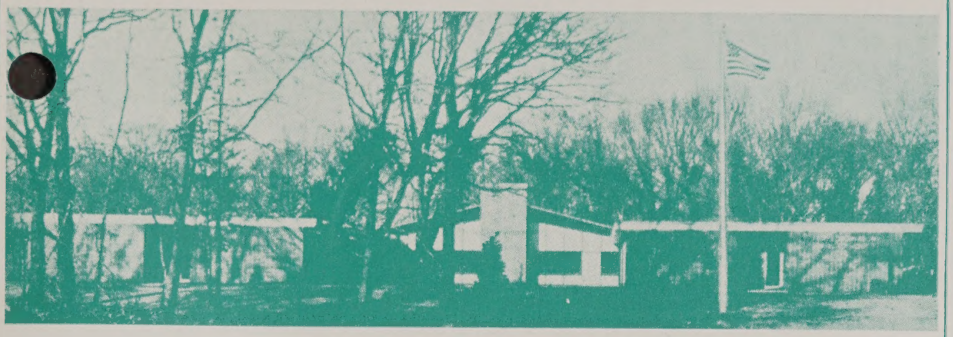

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